Woodlands Church SIA Volunteer Application

This application is to be completed by all applicants for the SIA Volunteer positions at Woodlands Church. This application is being used to help the church provide a safe and secure environment for all who participate in our programs. If you have questions, please call the church office at 715-341-0800.

Name:			
First	Last		Maiden
Address:			
Street	City	7	Zip
Phone: Home	Cell		Work
Date of Birth:			
How long have you lived at the	e above address?		_
If you have lived at current ad you lived at each address with	dress less than 5 years, please nin that 5 year time span:	list previous a	addresses and length of time
Spouse's Name:			
Names of Children:			
Ages of Children (dependent o	only):		
Education:			
High school	City	State	_ Grad Year
College/Trade School	City	State _	Grad Year
Spiritual Background:			
Do you regularly attend our W	Vorship Services? Yes	No	
If yes, since when: Mon	nthYear	_	
Are you actively involved in W	Voodlands' small group ministr	ry? Yes	No
If ves since when Month	Year		

Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? Yes No
Tell us about your spiritual journey to date (attach additional sheet, if necessary):
Position you are applying to serve in:
What about this SIA position interests you?
Church History:
List name and location (city, state) of other church(es) you have attended regularly during the past five (5) years:
List all previous church work involving children/youth (list each church's name and location, type of work performed and dates) (attach additional sheet, if necessary):
List all previous non-church work involving children/youth (list each organization's name and location, type of work performed and dates). Use additional sheet, if necessary:
Personal History
Are you Single Married Widowed Divorced Separated Do you have children of your own? Yes No
Have you ever been arrested, convicted of, or pleaded guilty or no contest to any criminal offense of any kind? Yes No If yes, please explain:

Have you ever been accused, charged, or alleged to have, or have you neglecting, abusing or molesting any child/youth? If yes, please explain:	ever con Yes	mmitted any act of No
Do you have a history of any contagious disease, health issue or emoti place students or other workers or you at risk? If yes, please explain:	onal illı Yes	ness that would currently No
Are you aware of any traits or tendencies you possess that could pose adults with disabilities? If yes, please explain:	any thi Yes	reat to children, youth, or No
Have you ever been concerned that you may have an addiction to drugother addiction; or has anyone ever suggested that you may have a pr If yes, please explain:	_	
If there has been alcohol abuse, drug abuse, physical or sexual abuse i steps have you taken to minimize the impact that those issues may crefuture?	-	
Is there any circumstance or pattern in your life that would make it in students, or would compromise the integrity of Woodlands Church? If yes, please explain:	approp Yes	riate for you to serve with No
Employment History:		
Present Employer: Supervisor:		
Position(s) held: Full-Time Part-T	'ime	
Employment dates: Starting://		
I recognize that Woodlands Church is relying on the information conta and affirm that all of the information that I have provided is absolutely		

I agree to abide by all policies and procedures of Woodlands Church, and to protect the health and safety

of the children/youth at all times.

Printed Name:	
Signature:	Date:
	Woodlands Church Personal References
Please select people who have observe ministry staff members not be used as r	ed you working with the public. We prefer <i>relatives and Woodlands</i> references.
1. Small Group or Ministry Leader	
Name:	Nature of Association:
Occupation:	Length of Time Known:
Address (include city, state & zip):	
Email Address (if applicable):	-
Home Phone: ()	Work Phone: ()
2. Employer, Work-Related Acquaintanc	ce, Former Teacher or Ministry Co-Worker
Name:	Nature of Association:
Occupation:	Length of Time Known:
Address (include city, state & zip):	
Email Address (if applicable):	
Home Phone: ()	Work Phone: ()
3. Social Friend or Neighbor	
Name:	Nature of Association:
Occupation:	Length of Time Known:
Address (include city, state & zip):	
Email Address (if applicable):	
Home Phone: ()	Work Phone: ()

Woodlands Church Release of Background Information

Volunteer Authorization for Release of Background Information

In connection with my application for volunteer service with WOODLANDS CHURCH, I authorize WOODLANDS CHURCH and, or its agent, to solicit background information relative to my criminal record history. I understand that WOODLANDS CHURCH may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public record reports pertaining to me. When requested by an employer, motor vehicle records or a driving history may be obtained.

I authorize without any reservation, any person, agency, or other entity contacted by WOODLANDS CHURCH or its agent, for purposes of obtaining background report information, to furnish the above-mentioned information.

I release **WOODLANDS CHURCH**, their respective employees or its agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Requested by:	423298	PLEASE PRINT INFORMATION BELOW				
FULL LEGAL 1	NAME		_DOB_			
OTHER NAME	S USED	SS				
DRIVERS LIC #	#	STATE ISSUED				
Please r	note: if your address is a rural ro	ute, or post office box, we mu	st have C	ity & County n	nail was delivered	
Current						
Address	City address? (Months/Years)	Co	St	Zip		
now long at this	address? (Wonths/ Fears)	_				
Previous						
Address	City address? (Months/Years)	Co	St	Zip		
How long at this	address? (Months/Years)					
Previous						
Address	City	Co	St	Zip		
How long at this	address? (Months/Years)	<u> </u>				
Previous						
	City	Co	St	Zin		
How long at this	address? (Months/Years)	50	~~			
_	•					
Previous	C.	C	G.	7.		
Address	City	Co	St	Zıp		
How long at this	address? (Months/Years)					
Previous						
Address	City	Co	St.	Zip		
How long at this	address? (Months/Years)					

Previous				
Address	City	Co	St Zip	
How long at this address? (Months/Year	rs)			
-				
SIGNATURE			_ DATE	